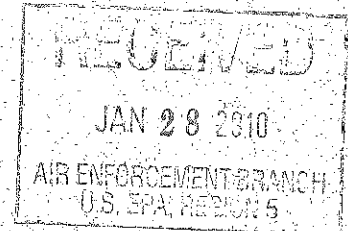




# Winnebago Landfill Company

8403 Lindenwood Road • Rockford, IL 61109 • Phone: 815.874.4806 • Fax 815.874.4630



January 21, 2010

Division of Air Pollution Control  
Compliance Section (MC 40)  
Illinois Environmental Protection Agency  
1021 North Grand Avenue East  
Springfield, Illinois 62794

Re: Semi-annual Startup, Shutdown and Malfunction Report  
Winnebago Landfill  
CAAPP Permit No. 99020102; Facility ID No. 201801AAF  
Reporting Period: July 1, 2009 through December 31, 2009

Winnebago Reclamation Service respectfully submits this report in accordance with 40 CFR 63.10(d)(5)(i) and CAAPP Permit Condition 5.2.5. The Winnebago Landfill is subject to the National Emissions Standards for Hazardous Air Pollutants for Municipal Solid Waste Landfills, being 40 CFR Part 63 Subparts A and AAAA (NESHAP).

In accordance with 40 CFR §63.10(d)(5) this semi-annual report contains information pertaining to the facility's compliance with the procedures in their SSM Plan during SSM events. This report covers the reporting period July 1, 2009 through December 31, 2009.

Winnebago Landfill operates a landfill gas treatment system and two backup open flares as the control device for the landfill gas. Treated landfill gas is used at the Winnebago Energy Center for generating electricity. Open flares operate when treatment system is down for maintenance or malfunction. Winnebago Landfill maintains operational records of the open flares and treatment system.

For the reporting period, sixty four (64) start-up, forty eight (48) shutdown and sixteen (16) malfunction events occurred. During the reporting period, the 19 malfunction events did not cause an applicable limitation to be exceeded. The actions taken at the facility for all SSM events during the reporting period were consistent with the procedures listed in the SSM Plan at the facility. Records are maintained at the facility and available for review. Table 1 contains the date, duration, and description of all malfunction events for the reporting period.

January 21, 2010


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During the reporting period July 1, 2009 through December 31, 2009, the SSM plan was revised to incorporate change in owner information, contact information and control equipment. A copy of the revised plan has been placed at the site file.

Attached is certification by the Responsible Official. If you have any questions regarding this Semi-annual SSM Report, please contact me at (815) 963-7533.

Sincerely,

Winnebago Reclamation Service

A handwritten signature in black ink, appearing to read 'E. Buskohl', with a stylized flourish at the end.

Evan Buskohl  
Environmental Manager

Enclosure: Table 1 - Description of Malfunction Events  
CAAPP-400 Form

cc: Peoria Regional Office – IEPA-DAPC  
George Czerniak – USEPA Region V  
Sultana Haque - Cornerstone Environmental Group, LLC  
Tom Hilbert - Winnebago Reclamation Service

**Table 1**  
**Description of All Malfunction Events**  
**Reporting Period July 1, 2009 – December 31, 2009**

Date(s) of Event	Duration of Event (hours)	Equipment Affected*	Description of Malfunction	Were SSM Plan Procedures Followed (Y/N)	Emission Limit Exceeded or Potentially Exceeded (Y/N)**
7/13/09	1.25	LFG Treatment system for Engine #2	Engine #2 shutdown due to high discharge pressure on south blower skid	Y	N
8/18/09	1.22	LFG Treatment system for Engine #2	Engine #2 shutdown due to malfunction of methane detector in unit #5	Y	N
8/18/09 – 8/19/09	10.20	LFG Treatment system for Engine #2	Engine #2 shutdown due to malfunction of methane detector in unit #5	Y	N
9/9/09	1.35	LFG Treatment system for Engine #2	Engine #2 shutdown due to Oil purifier o-ring malfunction	Y	N
9/18/09	1.02	LFG Treatment system for Engine #2	Engines #2 shutdown due to engine over speed and low voltage	Y	N
9/29/09	1.75	LFG Treatment system for Engine #2	Engine #2 shutdown due to Cylinder #1 malfunction	Y	N
10/14/09	5.43	LFG Treatment system for Engine #2	Engines #2 shutdown due to spark plug malfunction and low voltage	Y	N
11/8/09	1.22	LFG Treatment system for Engine #2	Engine #2 shutdown due to spark plug malfunction	Y	N
11/12/09	2.13	LFG Treatment system for Engine #2	Engine #2 shutdown due to low oil level	Y	N
11/28/09	3.67	LFG Treatment system for Engine #2	Engine #2 shutdown due to engine overspeed	Y	N
12/1/09	2.73	LFG Treatment system for Engine #2	Engine #2 shutdown due to control module abnormal update	Y	N
12/3/09	1.03	LFG Treatment system for Engine #2	Engine #2 shutdown due to detonation of Cylinder #1	Y	N
12/9/09	1.07	LFG Treatment system for Engine #2	Engine #2 shutdown due to engine overspeed	Y	N

Date(s) of Event	Duration of Event (hours)	Equipment Affected*	Description of Malfunction	Were SSM Plan Procedures Followed (Y/N)	Emission Limit Exceeded or Potentially Exceeded (Y/N)**
12/25/09	6.12	LFG Treatment system for Engine #3, #4 and #5	Engines #3, #4 and #5 shutdown due to poor gas quality	Y	N
12/30/09	1.47	LFG Treatment system for Engine #2	Engine #2 shutdown due to detonation of Cylinder #17	Y	N
12/31/09	1.13	LFG Treatment system for Engine #2	Engine #2 shutdown due to engine overspeed	Y	N

\* Control Device, Continuous Monitoring System, or Collection System

\*\*If the Malfunction Event caused or may have caused an emission limitation to be exceeded (i.e., raw LFG released to air) then enter YES.



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION  
P.O. BOX 19506  
SPRINGFIELD, ILLINOIS 62794-9506

**FOR APPLICANT'S USE**

Revision #: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_  
Source Designation: \_\_\_\_\_

<b>COMPLIANCE AND GENERAL REPORTING FORM</b>	<b>FOR AGENCY USE ONLY</b>
	ID NUMBER: _____
	PERMIT #: _____
	DATE: _____

THIS FORM IS USED FOR EITHER OF THE FOLLOWING:

- TO REPORT AND CERTIFY COMPLIANCE OF AN ENTIRE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS DURING A REPORTING PERIOD, OR
- TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT. THIS FORM SHOULD BE USED AS THE COVER SHEET OF THE SUBMITTED REPORT.

<b>SOURCE INFORMATION</b>	
1) SOURCE NAME: Winnebago Landfill	
2) DATE FORM PREPARED: January 21, 2010	3) SOURCE ID NO. (IF KNOWN): 201801AAF

<b>GENERAL INFORMATION</b>	
4) INDICATE FOR WHICH OF THE FOLLOWING THIS FORM IS BEING COMPLETED:	
<input type="checkbox"/> TO REPORT AND CERTIFY COMPLIANCE OF THE SOURCE OR SPECIFIC ITEMS OF EQUIPMENT WITH ALL APPLICABLE REQUIREMENTS	
<input checked="" type="checkbox"/> TO IDENTIFY AND ENSURE PROPER PROCESSING OF A SUBMITTED REPORT	
5) PERIOD COVERED BY THIS REPORT:	
FROM: 07/01/2009 TO: 12/31/2009	
6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:	
NAME: Evan Buskohl TITLE: Environmental Manager	
PHONE#: ( 815 ) 963 - 7,533 EXT: _____	

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

**APPLICATION PAGE**

Printed on Recycled Paper  
400-CAAPP

**FOR APPLICANT'S USE**

**COMPLIANCE OF SOURCE OR EQUIPMENT DURING REPORTING PERIOD**

- COMPLETE ITEM 7 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF THE ENTIRE SOURCE.
- COMPLETE ITEM 8 BELOW IF THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE OF SPECIFIC ITEMS OF EQUIPMENT ONLY.

7) WAS THE SOURCE IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS FOR THE ENTIRE REPORTING PERIOD? ☐ YES ☐ NO

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 --"EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

8a) LIST THE EMISSION UNIT(S) AND CONTROL EQUIPMENT FOR WHICH THIS FORM IS BEING COMPLETED TO REPORT AND CERTIFY COMPLIANCE WITH (IF ADDITIONAL SPACE IS NEEDED FOR ITEM 10, ATTACH AND LABEL AS EXHIBIT 400-A):

b) IDENTIFY THE APPLICABLE REQUIREMENT(S) FOR WHICH THIS FORM IS BEING USED TO REPORT AND CERTIFY COMPLIANCE WITH:

c) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRE THAT THIS REPORT OR CERTIFICATION BE SUBMITTED:

d) WERE THE ABOVE REFERENCED ITEMS IN 8(a) IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS FOR THE ENTIRE REPORTING PERIOD?

☐ YES

☐ NO

IF YES, THEN THE "REPORT INFORMATION" SECTION ON PAGE 3 OF THIS FORM DOES NOT NEED TO BE COMPLETED.

IF NO, THEN COMPLETE AND SUBMIT FORM CAAPP-405 - "EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM."

### REPORT INFORMATION

9) TITLE OF REPORT BEING SUBMITTED:

Semi-Annual Startup, Shutdown, & Malfunction Report

10) IDENTIFY THE APPLICABLE REQUIREMENT(S) WHICH REQUIRES THIS REPORT (IF APPLICABLE):

40 CFR 63.10 (d) (5) (i)

11) BRIEFLY EXPLAIN WHAT THIS REPORT COVERS:

The Semi-Annual Startup, Shutdown, & Malfunction (SSM) Report summarizes actions taken by an owner or operator during a startup, shutdown, or malfunction, in accordance with the SSM Plan, during the specified monitoring period. The report also includes the number, duration, and a brief description for each type of malfunction which occurred during the reporting period. The report states whether these actions were consistent with the procedures specified in the SSM Plan and details instances not consistent with the SSM Plan, pursuant to the requirements of 40 CFR 63.10 (d) (5) (i).

12) ATTACH THE REPORT TO THIS FORM.

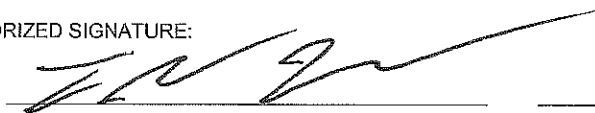
### SIGNATURE BLOCK

NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.

13) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.

AUTHORIZED SIGNATURE:

BY:



AUTHORIZED SIGNATURE

Thomas Hilbert

TYPED OR PRINTED NAME OF SIGNATORY

Vice President

TITLE OF SIGNATORY

1 / 21 / 2010

DATE